

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09717026

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1				1
3		1				1
4		1				1
5		1				1
6		1				1
7	1		8		1	
8		1				1
9		1				1
10		1				1
11	1				1	
12	1				1	
13	1				1	
14		2				2
15		2				2
16		2	10			2
17		2				2
18		2				2
19	1				1	
20		1				1
21		1				1
22		1				1
23		2				2
24	1				1	
25		1				1
26		1	(20)			1
27		1	10			1
28	1		38		1	
29	1				1	
30		6				6
31		6				6
32	1				1	
33	1				1	
34	1				1	
35	1				1	
36	1				1	
37		1				1
38		2				2
39		2				2
40		2				2
41		2				2
42	1				1	
43		1				1
44		2				2
45		2				2
46		2				2
47		2				2
48	1				1	
49		1				1
50		2				2
TOTAL IND.	17					
TOTAL DEP.	82					
TOTAL CLAIMS	99					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				2
52		2				2
53		2				2
54		1	67			1
55	1		4.6		1	
56		1	73			1
57		6				6
58		(1)	77			(1)
59		(1)	5			(1)
60		(1)	82			(1)
61		(1)				(1)
62		5				5
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS